



APPLICATION FOR
HISTORIC AREA WORK PERMIT
HISTORIC PRESERVATION COMMISSION
301.563.3400

FOR STAFF ONLY:

HAWP# _____

DATE ASSIGNED _____

APPLICANT:

Name: _____

E-mail: _____

Address: _____

City: _____ Zip: _____

Daytime Phone: _____

Tax Account No.: _____

AGENT/CONTACT (if applicable):

Name: _____

E-mail: _____

Address: _____

City: _____ Zip: _____

Daytime Phone: _____

Contractor Registration No.: _____

LOCATION OF BUILDING/PREMISE: MIHP # of Historic Property _____

Is the Property Located within an Historic District? ☐ Yes/District Name _____

☐ No/Individual Site Name _____

Is there an Historic Preservation/Land Trust/Environmental Easement on the Property? If YES, include a map of the easement, and documentation from the Easement Holder supporting this application.

Are other Planning and/or Hearing Examiner Approvals /Reviews Required as part of this Application? (Conditional Use, Variance, Record Plat, etc.?) If YES, include information on these reviews as supplemental information.

Building Number: _____ Street: _____

Town/City: _____ Nearest Cross Street: _____

Lot: _____ Block: _____ Subdivision: _____ Parcel: _____

TYPE OF WORK PROPOSED: See the checklist on Page 4 to verify that all supporting items for proposed work are submitted with this application. Incomplete Applications will not be accepted for review. Check all that apply:

☐ New Construction

☐ Deck/Porch

☐ Shed/Garage/Accessory Structure

☐ Addition

☐ Fence

☐ Solar

☐ Demolition

☐ Hardscape/Landscape

☐ Tree removal/planting

☐ Grading/Excavation

☐ Roof

☐ Window/Door

☐ Other: _____

I hereby certify that I have the authority to make the foregoing application, that the application is correct and accurate and that the construction will comply with plans reviewed and approved by all necessary agencies and hereby acknowledge and accept this to be a condition for the issuance of this permit.

B. G. Dawy
Signature of owner or authorized agent

Date

HAWP APPLICATION: MAILING ADDRESSES FOR NOTIFYING
[Owner, Owner's Agent, Adjacent and Confronting Property Owners]

Owner's mailing address

Owner's Agent's mailing address

Adjacent and confronting Property Owners mailing addresses

Description of Property: Please describe the building and surrounding environment. Include information on significant structures, landscape features, or other significant features of the property:

Description of Work Proposed: Please give an overview of the work to be undertaken:

Work Item 1: _____	
Description of Current Condition:	Proposed Work:

Work Item 2: _____	
Description of Current Condition:	Proposed Work:

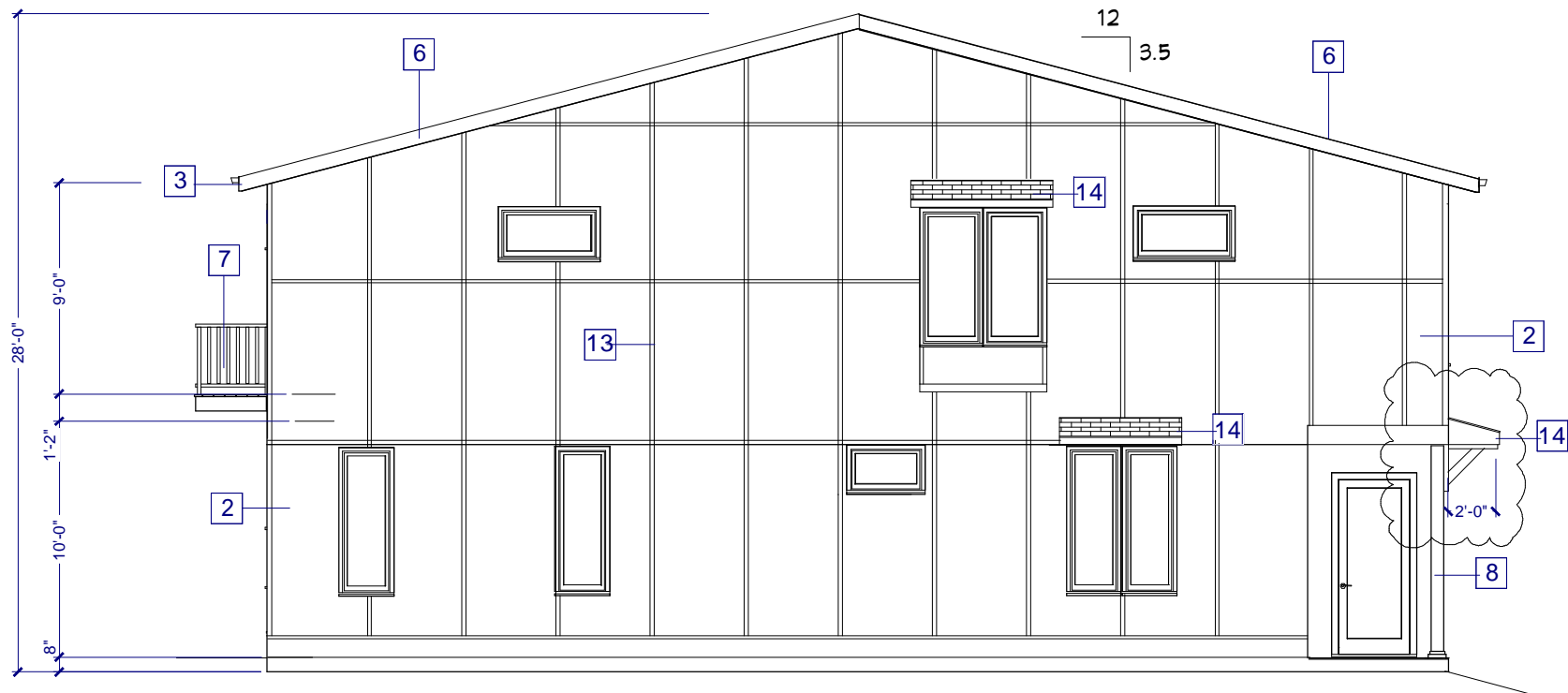
Work Item 3: _____	
Description of Current Condition:	Proposed Work:

HISTORIC AREA WORK PERMIT CHECKLIST OF APPLICATION REQUIREMENTS

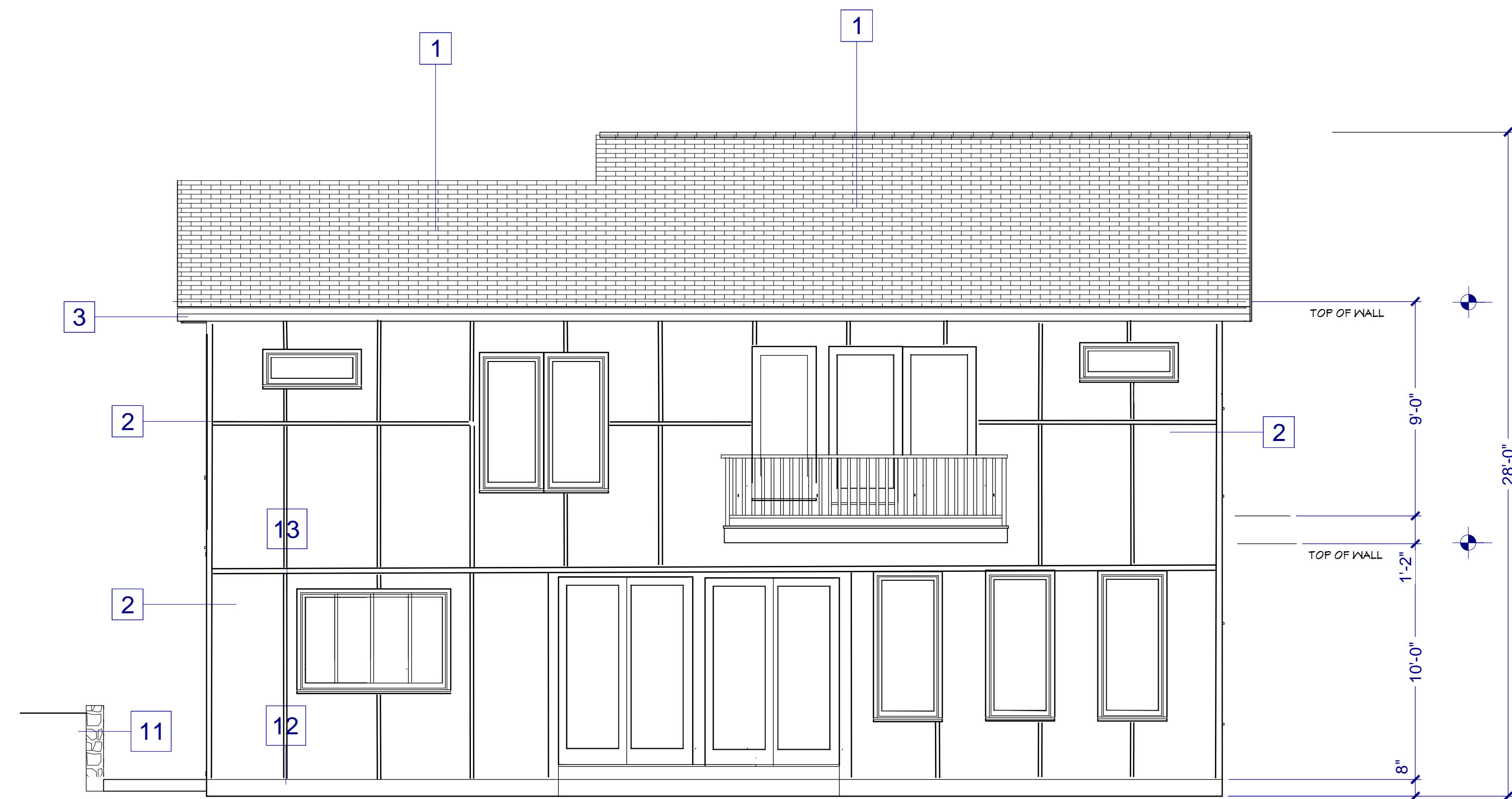
	Required Attachments						
Proposed Work	I. Written Description	2. Site Plan	3. Plans/ Elevations	4. Material Specifications	5. Photographs	6. Tree Survey	7. Property Owner Addresses
New Construction	*	*	*	*	*	*	*
Additions/ Alterations	*	*	*	*	*	*	*
Demolition	*	*	*		*		*
Deck/Porch	*	*	*	*	*	*	*
Fence/Wall	*	*	*	*	*	*	*
Driveway/ Parking Area	*	*		*	*	*	*
Grading/Exc avation/Land scaing	*	*		*	*	*	*
Tree Removal	*	*		*	*	*	*
Siding/ Roof Changes	*	*	*	*	*		*
Window/ Door Changes	*	*	*	*	*		*
Masonry Repair/ Repoint	*	*	*	*	*		*
Signs	*	*	*	*	*		*



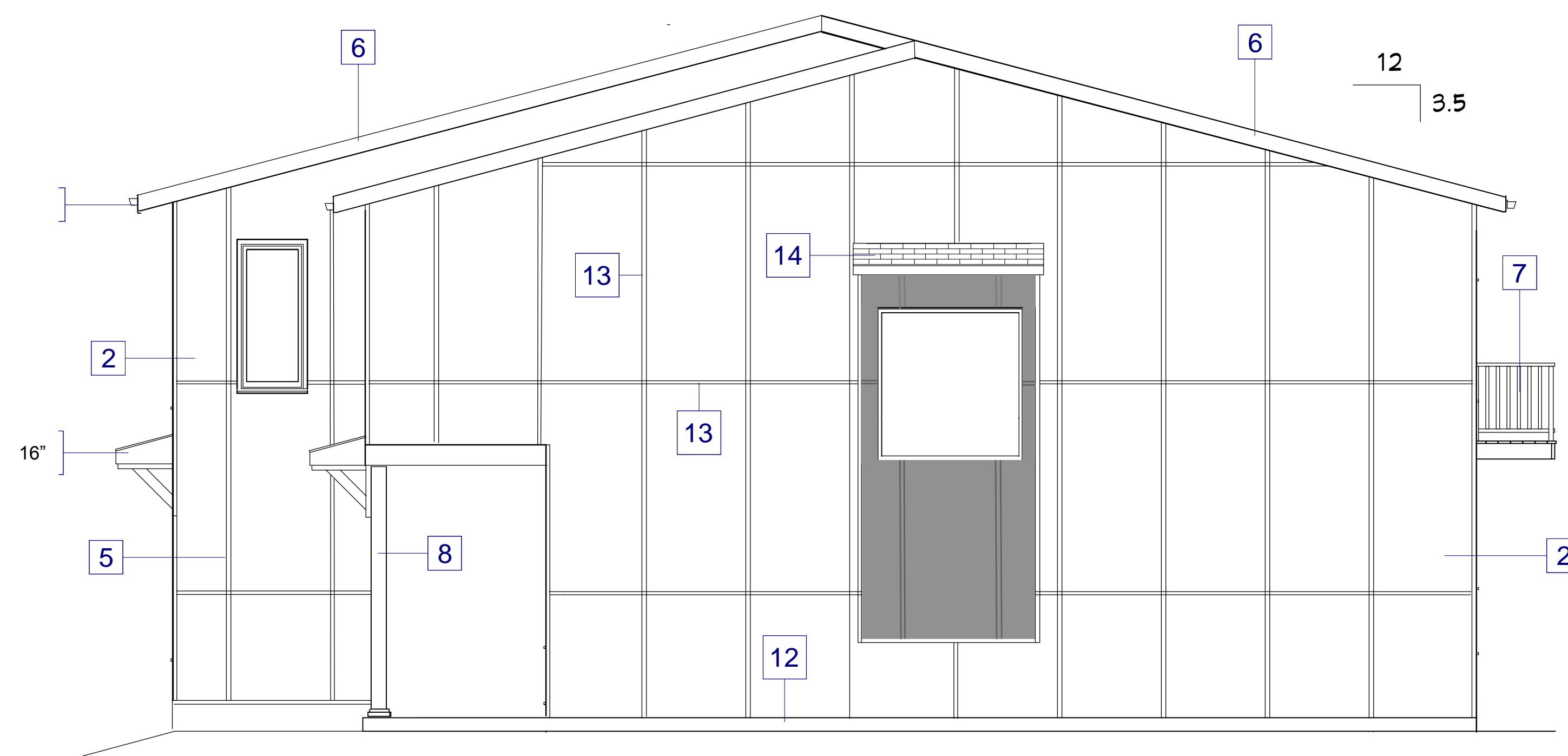
FRONT ELEVATION



LEFT SIDE ELEVATION



REAR ELEVATION



RIGHT SIDE ELEVATION

ELEVATION
NOTES

- 1- FIBERGLASS SHINGLES ARCHITECTURAL
 - 2- HARDI PANEL SIDING- WHITE
 - 3- ALUM GUTTER ON 1x6 FASCIA
 - 5- EXIST STUCCO VENEER TO BE PAINTED WHITE
 - 6- 1x6 RAKE
 - 7- PVC RAILING- BLACK METAL PICKETS
 - 8- 8x8 WD POST- BLACK
 - 10- CEDAR 1x6 KILN-DRIED V- JOINT
 - 11- STONE RETAINING WALL
 - 12- CONC FOUNDATION
 - 13- 1X3 BATTEN TRIM
 - 14- SHED ROOF- METAL OR FIBERGLASS
- WINDOWS TO BE ANDERSEN 400 OR EQUAL

REVISIONS
6/23/24
6/16/25

ADDITION / RENOVATION
10012 MENLO AVENUE
SILVER SPRING MD 20902

SEPTEMBER 2024

SCALE AS NOTED

ELEVATIONS















